

	erare coperimena	Part 1: Local Educatio	nal Agency Info	ormation	
Name of Local Educational Agency			Name of LEA Executive Director (Public Charter Schools Only)		
Mary McLeod Bethune Public Charter School			Dr. Linda McKay, Ed.D		
Full Address of Local Educational Agency			Email Address of LEA Executive Director (Public Charter Schools Only)		
1404 Jackson Street, NE Washington DC 20017			I.mckay@mmbethune.org		
Main Telephone Number of Local Educational Agency			Telephone Number of LEA Executive Director (Public Charter Schools Only)		
202-459-4710			202-459-4710 ext 3645		
Name of Primary LEA Contact for Consolidated Application Programs			Name of Additional LEA Contact for Consolidated Application Programs		
Stacii Stegall Bryson			Dr. Linda McKay, Ed.D		
Position Title of Primary LEA Contact for Consolidated Application Programs			Position Title of Additional LEA Contact for Consolidated Application Programs		
Finance Manager			Executive Director		
Email Address of Primary LEA Contact for Consolidated Application Programs			Email Address of Additional LEA Contact for Consolidated Application Programs		
s.bryson@mmbethune.org			mckayl18@hotmail.com		
Telephone Number of Primary LEA Contact for Consolidated Application Programs 202-459-4710 ext 3646			Telephone Number of	of Additional LEA Contact for Consolidated Application Programs	
Part 2: Programs for Which the LEA is Applying for Funding					
Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application.					
For Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least \$10,000.					
or not see	Please not	e that allocations are subject t	o change according	g to the applicable federal and state statutes, regulation	ins, and
policies.					
	LEA Allocation for Title I, Part A	LEA Allocation for		LEA Allocation for Title III, Part A	
	\$ 217,804.64	\$	50,087.13		
Part 3: Schedule for Submission of Reimbursement Requests					
Since indicate by the shifter the smalling black below the school of the the LEA will follow for Sadoral Sizes   Year 2010 / Web 1, 2010   Sontomber 20, 2012					
Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2010 (July 1, 2010 - September 30, 2012, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of					
federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.					
reacial rands	Tom among those options, the LE	That the hemolity to one out	551154415 11141 5 551		
	Monthly (12 workbooks per year)	Bi-Monthly (6 wor	kbooks per year)	Quarterly (4 workbooks per year)	
				X	
Part 4: LEA Certification of Application					
By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge.					
Additionally, the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the					
application.	56365V Kristi	***			
	I Certifying Phase II Application (Board C	hairperson or Chancellor only)	Signature of Individua	al Certifying Phase II Application	
Valerie Smith			160	I don't	
-			Valeri	e Smith )	
Title of Individual	Certifying Phase II Application (Board Cha	airperson or Chancellor only)		(input at the time of signature)	
Chairperson of the Board of Directors			July 1	30,2013	
			July		
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SUBMIT <u>BOTH</u> A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK <u>AND</u> A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO <u>CON.APP@DC.GOV</u> .					
					No.
		OSSE U	se Only		
	cation First Received: cation Approved (first date for reimburser	ment):			
Pare I mase II Appli	and a special fination of the introduction	Herieft.			